| PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2000  Application or Docket Number  35.053  |   |   |                  |                      |                                 |                  |          |              |                        |        |                     | pe, 3                  |
|---|---|---|------------------|----------------------|---------------------------------|------------------|----------|--------------|------------------------|--------|---------------------|------------------------|
| * CLAIMS AS FILED - PART I (Column 1) (Column 2)  |   |   |                  |                      |                                 |                  |          | MALL E       | NTITY                  | OR     | OTHER<br>SMALL      |                        |
| TOTAL CLAIMS  |   |   | 7                |                      |                                 |                  |          | RATE         | FEE                    |        | RATE                | FEE                    |
| FOR   |   |   | NUMBER FILED     |                      | NUMBÉR EXTRA                    |                  |          | BASIC FE     | 355.00                 | OR     | BASIC FEE           | · 710.00               |
| TOTAL CHARGEABLE CLAIMS   |   |   | 7 minus 20=      |                      | . 0                             |                  | I        | X\$ 9=       | ·                      | OR     | X\$18=              |                        |
| INDEPENDENT CLAIMS  |   |   | ( mlnus 3 =      |                      | · Ø                             |                  | Ì        | X40=         |                        | OR     | X80=                |                        |
| MU  | LTIPLE DEPEN  | DENT CLAIM PF                             | RESENT           |                      |                                 |                  | t        | +135=        |                        | OR     | +270=               |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |   |   |                  |                      |                                 | L                | TOTAL    |              | OR                     | TOTAL  | HO.04               |                        |
| 3/4//) CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)   |   |   |                  |                      |                                 |                  |          | SMALL        | ENTITY                 | OR     | OTHER<br>SMALL      |                        |
| AMENDMENT A   | ;   | CLAIMS REMAINING AFTER AMENOMENT          |                  | RIGI<br>NUM<br>PREVI | EST<br>BER                      | PRESENT<br>EXTRA |          | RATE         | ADDI-<br>TIONAL<br>FEE |        | RATE                | ADDI-<br>TIONAL<br>FEE |
| QM  | Total   | · 8                                       | Minus            | ••                   |                                 | =                |          | X\$ 9=       |                        | OR     | X\$18=              |                        |
| ME  | Independent   | • /                                       | Minus            | ***                  |                                 | =                | İ        | X40=         |                        | OR     | X80=                |                        |
| Ľ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                  |                      |                                 |                  |          | +135=        |                        | OR     | +270≖               |                        |
|   |   |   |                  |                      |                                 |                  |          | TOTAL        | -                      | OR     | TOTAL<br>ADDIT, FEE |                        |
| (Column 1) (Column 2) (Column 3)  |   |   |                  |                      |                                 |                  |          | ADDIT. FE    |                        |        | AUUII. FEE          |                        |
| AMENDMENT B   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                  | NUM<br>PREV          | HEST<br>ABER<br>HOUSLY<br>FOR   | PRESENT<br>EXTRA |          | RATE         | ADDI-<br>TIONAL<br>FEE |        | RATE                | ADDI-<br>TIONAL<br>FEE |
| Ž   | Total   | •   | Minus            | **                   |                                 | =                |          | X\$ 9=       |                        | OR     | X\$18=              |                        |
| AME   | Independent   | •   | Minus            | •••                  | <del> </del>                    | -                |          | X40=         |                        | OR     | X80=                |                        |
|   | FIRST PRESE   | NTATION OF MI                             | JUIPLE DEF       | ENDEN                | CLAIM                           |                  | '        | +135=        |                        | OR     | +270=               |                        |
|   |   |   |                  |                      |                                 |                  | L        | TOTAL        |                        | OR     | TOTAL<br>ADDIT. FEE |                        |
| (Column 1) (Column 2) (Column 3)  |   |   |                  |                      |                                 |                  |          | ADDIT. FEI   |                        | •      | AUUII. FEE          |                        |
| AMENDMENT C   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                  | NU!<br>PREV          | HEST<br>MBER<br>IOUSLY<br>O FOR | PRESENT<br>EXTRA |          | RATE         | ADDI-<br>TIONAL<br>FEE |        | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total   | •   | Minus            | ••                   |                                 | -                |          | X\$ 9=       |                        | OR     | X\$18=              |                        |
| RE  | Independent   | •   | Minus            | •••                  |                                 | =                | <b> </b> | X40=         |                        | OR     | X80=                |                        |
| Ľ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                  |                      |                                 |                  |          | +135=        | †                      | 1      | +270=               |                        |
|   | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |   |                  |                      |                                 |                  |          |              | <u> </u>               | OR     | +270=               | <b></b>                |
| "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |   |                  |                      |                                 |                  |          |              |                        |        |                     |                        |
|   | The "Highest Nun  | nber Previously Pa                        | id For" (Total o | r Indepen            | dent) is th                     | e highest numbe  | ar fou   | ind in the a | ppropriate bo          | x in o | oumn 1.             |                        |